THERAPEUTIC BEHAVIORAL SERVICES (TBS) FINAL TREATMENT PLAN

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TBS Agency ______________________ TBS Specialist/Coach ______________________ Date ______________________

Eligibility

- At risk of psychiatric hospitalization (5150)
- At risk of placement RCL 12 above facility
- Psychiatric hospitalization in past 24 months
- Enable transition to lower level of care
- Previously received TBS while member of a certified class

Current Residence

- Immediate family
- Extended family
- Foster home
- Group home (RCL____)
- Other: ____________________

Service Recommendation

Total hrs/week: _______ (_______ Hrs/day, _______ Days/week)

Estimated # of weeks of TBS: _______ (not to exceed 12 weeks)

Location of Services:

- Residence
- School
- Other: ____________________

Current Treatment Team

- Psychiatrist
- Therapist
- Social Worker
- Wraparound
- Other: ____________________
- Other: ____________________

Identifying Information (Gender, age, race/ethnicity, living situation, DSM Diagnoses, disabilities, past trauma, treatment history, client/family strengths, and any anticipated barriers to success.)

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Target Behavior #1

Behavior:

Frequency:

Intensity & Severity:

Duration:

Latency:

Triggers:

Function:
### Target Behavior #2 (if applicable, otherwise delete this section)

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<th>Behavior:</th>
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<td>Frequency:</td>
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**Adaptive Behaviors and Interventions:** *(Describe how adaptive behaviors/replacement behaviors will be taught, rehearsed, cued/prompted, and reinforced. How will triggers be managed? What are the reactive strategies to the target behavior? Describe interventions that will be used with the client, caregivers, and others to meet the treatment goal, and how effectiveness will be evaluated.)*

<table>
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<th>Individual:</th>
<th>Target Behavior Addressed</th>
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<td>Environmental:</td>
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**Goal and 30-day Benchmark** *(The Goal is the expected and necessary reduction of the target behavior(s) in terms of frequency, duration, and severity. The Benchmark should describe what activities will take place and what the client/family is expected to accomplish in the first 30 days (after the Plan date) to support achievement of the Goal. Subsequent Monthly Reports should document progress on the benchmark, and if achieved a new 30-day benchmark should be identified.)*

**Goal:** By the end of TBS...

*Initial 30-day Benchmark:*

**Fade-Out and Transition Plan** *(Describe when TBS interventions and hours will be reduced and terminated, using specific behavioral criteria. Describe how the client/family will be prepared for termination of TBS and ready to maintain the progress achieved.)*

**Fade-Out will begin when...**

*(TBS may also be terminated if reasonable progress is not occurring and the treatment goal is not reasonably expected to be achieved.)*
SIGNATURE PAGE

TBS Agency

Client/Consumer Signature*  Print Name  Date

Parent/Caregiver Signature*  Print Name  Date

TBS Specialist Signature  Print Name/Licensure/Designation  Date

TBS Clinical Supervisor Signature  Print Name/Licensure/Designation  Date

Behavioral Consultant Signature  Print Name/Licensure/Designation  Date

Contra Costa TBS Team Lead/Coordinator  Print Name/Licensure/Designation  Date

*Document reason for no consumer/parent signature on this plan.